U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - \$423

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

Street 3205 sunset drive

Name William Crawford Hunt

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

OI / OI / OY Through: 12/31/04

4. Name, file number, and address of labor organization.

Name Brotherhood of Locomotve Engineers and Labor Organization File Number 1991 meg

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Street 2302 West E Street

city North Platte	City North Platte &			
city North Platte State Nebraska ZIP Code + 4 69101	State Nebraska ZIP Code + 4 69101			
5. Position in labor organization. (Officer) Logislative Representative Division 88				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	-			
and a	7.b. Amount.			
Street				
City				
State ZiP Code + 4				
Signature				

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

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Name of Person Filing Will, a	m Coawford H	unt	File Number U-
B. Held an interest in or derived income of substantial part of which consists of buying of an employer whose employees your late. (2) any part of which consists of buying find dealing with your labor organization or wi	ng from, selling or leasing to, or other bor organization represents or is acti om or selling or leasing directly or ind	wise dealing with the busines vely seeking to represent, or directly to, or otherwise	s
8. Name and address of Business (including	ng trade name, if any).	9. Business deals with:	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State 10. If 9.b. or 9.c. is checked give trust or expenses to the company of the co	ZIP Code + 4 employer's name.	a. Labor Organiza b. Trust c. Employer 11.a. Nature of such deali	
Street		11.b. Approximate dollar valu	ue of such dealing.
City		12.a. Nature of interest held	d or income received.
State	ZIP Code + 4		
		12.b. Amount.	

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Yaeger, Jungbauer and Barczak, PLC.	No records for 2004
Trade Name, if any:	No records attachment #1
P.O. Box, Bldg., Room No., if any	attachment #1
Street 745 Kasota Ave. SE	4 1972 3
City Minneapolis	Christmas party man
State Minnesota ZIP Code + 4 55414	
13.b. Is the Business an Employer or Consultant	14.b. Amount of payment.

William Crawford Hunt Name
12-31-04 Ending date

1 attachment

Rath Mann + O'Brien 64.C.

1031 Lam: 5+

5+ Louis, Missouri 63104

(14a) No Rocards for 2004 filed under Dob/ohms Special Enforcement Policy

(13 b) Consultant

14A \$ 100 00 party gift Commencer of the sent to man